

## NAME CHANGE REQUEST

TO: Michigan Department of Transportation  
Passenger Transportation Division – B-425  
Motor Bus Regulatory Unit  
P.O. Box 30050 (425 W. Ottawa Street)  
Lansing, Michigan 48909

Please make the following name change for my Bus Certification of Authority with the Michigan Department of Transportation (MDOT):

Current Authority Number	Current Name on File With MDOT	
Requested Name Change		
Address, City, State, ZIP		
Telephone Number	Cell Phone Number	Fax Number

Enclosed are the following:

1. My check in the amount of \$25 in payment for name change.
2. Proof of business organization (corporate papers or DBA papers, etc.).

NOTE: This name change will not be effective until the carrier's insurance company(ies) forward the proof of insurance, MDOT form 3007, with the new name change information.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

MDOT Contact Person: Barb Wickerham  
Telephone: 517-335-2583  
Fax: 517-241-0127